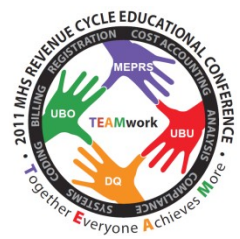Title: **Bringing It All Together – Compliance and**

**the Revenue Cycle**

Session: **R-1-1100**

Overview

- 32 Code of Federal Regulations (CFR), Part 220
- Department of Defense (DoD) 6010.15-M
  - The Uniform Business Office (UBO) Manual
- DoD UBO User Guide
- DoD Financial Management Regulation (DoD FMR) 7000.14-R

What are these? What is their significance? Why should

you understand the content of these documents?

Objectives

- Familiarize you with Program Compliance
- Build your program from intake/registration to claim adjudication using the guidance set forth for success
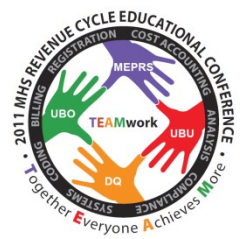- Assist with understanding the ramifications of not following guidance
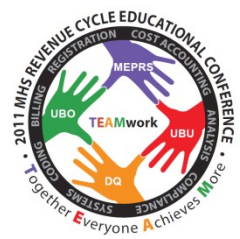
Reflection

- You are here today because you've been entrusted with the responsibility to recover funds on behalf of the United States Government. Budget money, taxpayer dollars, or healthcare cost recovery – it's referred to as many things, in the end it's money that is due the government

- 10 U.S.C. 1095 established the statutory obligation of third party payers to reimburse the United States the reasonable charges of healthcare services provided by facilities of the Uniformed Services to covered beneficiaries who are also covered by a third party payer's plan

- 32 CFR Part 220 established the Department of Defense's Interpretations and requirements applicable to all healthcare services subject to 10 U.S.C. 1095, 1097b(b), and 1079b

- The Uniform Business Office (UBO) Manual is the Department of Defense's guidelines that respond to 10 U.S.C. 1095 and the 32 CFR, Part 220
- The UBO Manual provides guidelines for the operational functions within a Military Treatment Facility's business office

- The DoD UBO User Guide provides functional guidance on data collection and billing procedures that influence business practices in MTFs
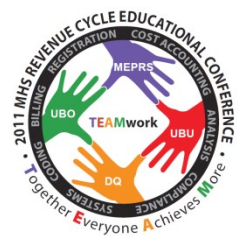
We focus on the following areas of the revenue cycle:

- Registration/Patient Intake
- Clinical encounter
- Pre-authorizations/Pre-certifications
- Charge Capture & Coding
- Claims Processing/Billing
- A/R follow-up/Denial Management

- Eligibility
- Demographics
- Other Health Insurance (OHI) Information
  - Accident or Injury? Medical Affirmative Claim?
  - DD Form 2569

- Is the patient eligible for care?
- Is the patient's demographic information correct?
  - PATCAT
    - Training available on UBO Website http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm
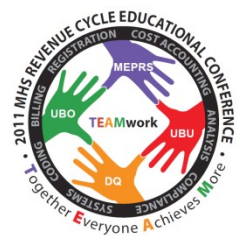 - Patient contact information

- DD Form 2569 (Third Party Collection Program/Medical Services Account/Other Health Insurance)
  - Legal Form
  - Voluntary disclosure
- Guidance
  - UBO Manual, DoD 6010.15-M
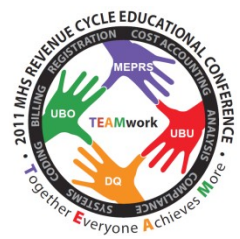   - Chapter 3
    - Chapter 4

Other Health Insurance Information — cont.

- Guidance *Continued*...
  - DoD UBO User Guide
    - Ancillary Linking & Hold Periods (OHI, Coding, Billing)
  - 32 CFR Part 220
    - A copy of the completed and signed DoD insurance declaration form (DD Form 2569) will be provided to payers on request, in lieu of a claimant's statement or coordination of benefits form
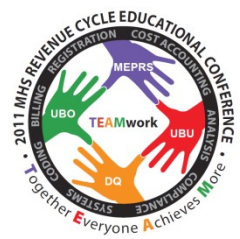
- What happens if OHI isn't captured or corrected within 3 days of a patient's encounter?
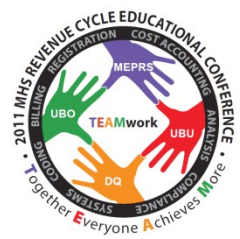- Why are days to complete verification and entry so important?

- DoD UBO Users Guide
  - Insurer payer requirement
  - Clinical Review may be required
    - Inpatient
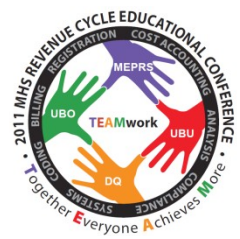   - Ambulatory Procedure Visits
    - High-cost Outpatient Encounters

Clinical Encounter

- What constitutes a visit?
  - UBO Manual, DoD 6010.15-M
    - DL1.4, DL1.22 Medical Expense and Performance Reporting System (MEPRS)

Charge Capture & Coding

- DoD UBO User Guide
  - Coding timeframes
  - Recommendations
- UBU Coding Guidelines
  - http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm
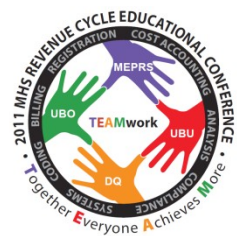 - Provides MHS-specific coding guidance

- UBO Manual, DoD 6010.15-M
- Chapter 3
  - What information should be captured for MSA?
- Chapter 4
  - What services should be billed?
  - Timely claims submission?
- DoD UBO Users Guide
- Ancillary linking & billing hold periods

A/R Follow-up/Denial Management

- UBO Manual, DoD 6010.15-M
  - Chapter 4 C4.10
    - Incremental, timely follow-up
  - Chapter 4 C4.8.6
    - Documentation
- DoD UBO User Guide
  - Outstanding accounts
- FMR Volume 5, Chapter 28
  - Prompt collection of debt

- Why follow up? Did we bill correctly?
  - Incremental, timely intervention is crucial
    - Additional information requests
    - Timely response to correspondence

- Payer trends
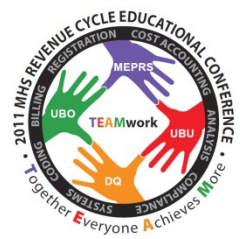 - Are you receiving reimbursement promptly and accurately?
    - Documentation to support improper handling of claims by the insurance payers
- Legal
  - UBO Manual, DoD 6010.15-M
    - Referral of denial of claims
  - DoD UBO Users Guide
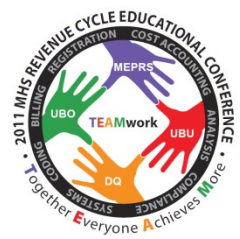
- Payer Lawsuits
  - Class Action
    - United Health Care
  - State's Department of Insurance Offices
    - Pacificare

Compliance

- DoD UBO Compliance Audit Checklist
- Compliance Binder – References (keep current)
  - 32 CFR Part 220
  - UBO Manual, DoD 6010.15-M
  - DoD UBO Users Guide
  - Service Guidelines
  - TMA Policy Letters
  - UBU Guidelines
  - Data Quality Management Control Metrics
  - MEPRS Codes

Summary

- We are all responsible for the success of these programs – Active Duty, Civil Service, Contractors
- Tools and guidance are there to assist
- Establish workflows for information
- Monitor your program
  - Regulations
  - Statement of Work or Performance Work Statement
- Define the weaknesses and deficiencies
  - Office of Inspector General (OIG) Reports
  - Government Accountability Office (GAO) Reports
- Correct or Report

- "The threat of a meaningful audit, even when the likelihood of an audit is remote, keeps many individuals and organizations honest."~ Peter Francis

- "It is not only what we do, but also what we do not do, for which we are accountable." ~ Moliere

- "Character is doing the right thing when nobody's looking. There are too many people who think that the only thing that's right is to get by, and the only thing that's wrong is to get caught." ~ J.C. Watts

- Questions?